

## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (check the Block 1 for any change of address)

7399 06-12-2009

Sally J. Brown  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Hollie Petersen	(Depositor's name)
<i>Hollie Petersen</i>	
19 November 2009	
Signature	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTGPNEY DOCKET NO.	CONFIRMATION NO.
10-601,631	06/25/2003	Alan A. Boisver	11721-01	8756

TITLE OF INVENTION: SEAT CONTROL STRUCTURE FOR OCCUPANT CLASSIFICATION SYSTEMS

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
Provisional	NO	\$1516	\$369	\$0	\$1886	12/17/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
FLEMING, FAYE M	3616	280-735000

<input checked="" type="checkbox"/> Change of correspondence address or indication of "Fee Address" (37 CFR 1.63). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTUS-122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTUS-143; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	1. Sally J Brown 2. _____ 3. Brinks Hofer Gilson & Lione

**1. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed as reassignment as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Autoliv ASP, Inc.

Ogden, Ut

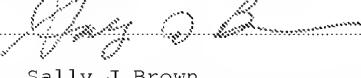
Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Governmental

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fees. (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTG-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500532 (enclose an extra copy of this form)
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**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27       b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature Date 19 November 2009

Typed or printed name Registration No. 37,788  
Sally J. Brown

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